

DEPARTMENT OF SOCIAL SERVICES

IMPORTANT NOTICE FOR IHSS PROVIDERS ABOUT CHANGES TO THE FEDERAL MEDI-CAL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM THAT AFFECT THE WAY YOUR RECIPIENT/EMPLOYER PAYS THEIR SHARE OF COST

You are getting this Notice because you are a provider of IHSS services, and the person you provide those services to pays a Share of Cost for Medi-Cal. The person who receives services from you is called your recipient/employer. As an IHSS (Medi-Cal) provider, you may receive some of your payment for providing these IHSS services from your recipient/employer, and some of your payment in a paycheck from the State of California Controller's Office. This Notice is about a change in how your recipient/employer pays their Share of Cost and how it may affect you.

WHAT IS A SHARE OF COST?

Most people who get IHSS services are receiving them as a Medi-Cal benefit and they also receive other Medi-Cal benefits. Some of those people must pay a certain amount each month toward their Medi-Cal expenses. This dollar amount is called a Share of Cost. A Share of Cost is similar to a private insurance plan's out-of-pocket deductible. Your recipient/employer has been paying his or her Share of Cost every month directly to you or another IHSS (Medi-Cal) provider who works for him or her.

WHAT ARE THE CHANGES?

Up until the time of this change, your recipient/employer has paid you or another IHSS provider their Share of Cost as part of what you earned for providing IHSS services. Because IHSS services are now provided under Medi-Cal, and Medi-Cal rules apply to these services, your recipient/employer may have other ways to pay their Share of Cost. Your recipient/employer may pay you, or can pay the Share of Cost to a pharmacy, at a doctor's office, or when purchasing other Medi-Cal approved expenses.

Example:

Mrs. Smith has a share of cost of \$200 for the month of June.	\$200
She sees her doctor on the 5 th and pays \$50 at the doctor's office.	-\$50
She fills a prescription on the 6 th and pays \$60 at the pharmacy.	-\$60
Her provider submits her time sheet on the 16 th	
Mrs. Smith will need to pay her IHSS provider \$90	\$90

HOW WILL THIS AFFECT ME?

You will continue to turn in your timesheet twice each month to the county and you will continue to be paid for all the IHSS services you provide. What may change is the way you are paid. You may receive some of your wages from your recipient/employer and some of your wages from the State, or you may receive all of your wages from the State. The amount you receive from your recipient/employer and/or the State may change each pay period. It will depend on whether your recipient/employer pays their Share of Cost for other medical expenses before your timesheet is processed each pay period.

WHEN DOES THIS NEW PROCESS BEGIN? June 5, 2006.

HOW WILL I KNOW HOW MUCH MONEY TO COLLECT FROM MY EMPLOYER AND HOW MUCH TO COLLECT FROM THE STATE? Your recipient/employer has a Medi-Cal Benefits Identification Card (BIC). A computer system keeps track of each time your recipient/employer uses the Medi-Cal BIC card and knows how much your recipient/employer's Share of Cost is. Each time your recipient/ employer pays for Medi-Cal expenses when using a Medi-Cal card, the computer subtracts that amount from the total Share of Cost until the whole Share of Cost is paid each month.

When your timesheet(s) are processed for payment, the computer system will check to see how much your recipient/employer has already paid toward their Medi-Cal Share of Cost. Each time you turn in a timesheet, both you and your recipient/employer will receive an "Explanation of IHSS Share of Cost" letter that will tell you how much money to collect from your recipient/employer. Your check from the State should arrive a few days after you receive the "Explanation of IHSS Share of Cost " letter. It is very important that you turn in your timesheet promptly at the end of each pay period or your recipient/employer will not know how much of their Share of Cost to pay directly to you.

Should your recipient/employer not pay you for any reason, you should call your county IHSS Office for assistance. They will help you resolve the non-payment issue.

WHAT HAPPENS IF I AM NOT THE ONLY PROVIDER? If your recipient/ employer has more than one provider, the computer system will automatically subtract the Share of Cost amount that is still owed from the provider's paycheck that is issued first. Your recipient/ employer will no longer be able to choose which provider will receive payment of their Share of Cost.

If you have any questions about this notice, please contact the California Department of Social Services at the toll free number below for more information.

1-877-508-1327

DEPARTMENT OF SOCIAL SERVICES



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EXPLANATION OF IN-HOME SUPPORTIVE SERVICES (IHSS) SHARE OF COST

06/01/2006

CASE NAME: JOHN ROBERTS
CASE NUMBER: 1234567890 123456
SHARE OF COST OBLIGATION: \$9999.99

This notification is to inform you that the Share of Cost shown above was withheld from the warrant issued to you for service period 05/01/2006 - 05/15/2006 for IHSS service you performed for JOHN ROBERTS. You are responsible to collect this Share of Cost amount from JOHN ROBERTS.

Each time a timesheet is processed, the recipient's remaining Share of Cost obligation will be determined and appropriately applied for the service period. You will receive a notice telling you how much of the recipient's Share of Cost obligation has been deducted from your payroll warrant. The recipient you work for will also receive a letter similar to this one explaining the amount that is to be paid to you.

If you have questions regarding this notification, you may contact your County IHSS Social Worker or your County IHSS Payroll Office.

IHSS Payroll Department